

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19335

1. Entity Name

NORTHEAST FLORIDA CHAPTER, FLORIDA PLANNING AND

Principal Place of Business

1900 CORPORATE SQ BLVD
JACKSONVILLE FL 32216
US

Mailing Address

1900 CORPORATE SQ BLVD
JACKSONVILLE FL 32216
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2664591

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDORFF, STEVEN G
11 NORTH 3RD STREET
JACKSONVILLE BEACH FL 32250

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete

NAME ~~CROWE, THAD~~
STREET ADDRESS ~~8101 PHILLIPS HWY STE 100~~
CITY-ST-ZIP ~~JACKSONVILLE FL 32256~~

TITLE ☐ Delete

NAME ~~SMITH, DON~~
STREET ADDRESS ~~1900 CORPORATE SQUARE BLVD.~~
CITY-ST-ZIP ~~JACKSONVILLE FL 32216~~

TITLE ☐ Delete

NAME ~~EVANS, VALERIE~~
STREET ADDRESS ~~1900 CORPORATE SQ BLVD~~
CITY-ST-ZIP ~~JACKSONVILLE FL~~

TITLE ☐ Delete

NAME ~~LINDORFF, STEVEN~~
STREET ADDRESS ~~11 NORTH 3RD STREET~~
CITY-ST-ZIP ~~JACKSONVILLE BEACH FL~~

TITLE ☐ Delete

NAME ~~SKINNER, AMY~~
STREET ADDRESS ~~7899 BAYMEADOWS WAY STE 5~~
CITY-ST-ZIP ~~JACKSONVILLE FL 32216~~

TITLE ☐ Delete

NAME ~~DMINDOL, GARY~~
STREET ADDRESS ~~290 W. FORSYTH ST STE 1400~~
CITY-ST-ZIP ~~JACKSONVILLE FL 32202~~

TITLE ☒ Change ☐ Addition

NAME ~~P~~ ALLERTON, KIM
STREET ADDRESS ~~1548 THE GREENS WAY~~
CITY-ST-ZIP ~~JACKSONVILLE BEACH, FL 32250~~

TITLE ☒ Change ☐ Addition

NAME ~~T~~ LINDORFF, STEVEN
STREET ADDRESS ~~11 NORTH 3RD STREET~~
CITY-ST-ZIP ~~JACKSONVILLE BEACH, FL 32250~~

TITLE ☒ Change ☐ Addition

NAME ~~V~~ EVANS, VALERIE
STREET ADDRESS ~~4237 GREAT OAKS LANE~~
CITY-ST-ZIP ~~JACKSONVILLE, FL 32207~~

TITLE ☒ Change ☐ Addition

NAME ~~S~~ SKINNER, AMY
STREET ADDRESS ~~7899 BAYMEADOWS WAY, STE. 5~~
CITY-ST-ZIP ~~JACKSONVILLE, FL 32216~~

TITLE ☒ Change ☐ Addition

NAME ~~D~~ DAVENPORT, GARY
STREET ADDRESS ~~700 W. FORSYTH STREET~~
CITY-ST-ZIP ~~JACKSONVILLE, FL 32202~~

TITLE ☒ Change ☐ Addition

NAME ~~D~~ DIETZ, CORREY
STREET ADDRESS ~~8101 PHILLIPS HWY, STE. 1~~
CITY-ST-ZIP ~~JACKSONVILLE, FL 32256~~

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *STEVEN G. LINDORFF* 9/4/01 (904) 247-6231

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90005 004 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)